

## Order Your Pure Michigan License Plate Today!

To replace a valid license plate with a Pure Michigan plate, or to purchase a collector version, fill out this application. Plates may be purchased by mail, fax or in-person at a Secretary of State office. There is a \$5 fee to purchase a Pure Michigan plate. For an additional prorated fee, your plate may be personalized. Check for the availability of a personalized plate using <u>Plate it Your Way</u>. Personalized plates may only be ordered at a Secretary of State office. Your new plate will arrive by mail within 21 days. Note: Your normal registration fees will apply when purchasing a Pure Michigan plate for a new vehicle or at renewal.

## To Purchase by MAIL:

Complete the order form below. If paying by check or money order, make payable to **State of Michigan**. If paying by Discover, MasterCard or Visa credit card, complete the credit card section below. Mail the completed application along with payment to: **Michigan Department of State, Renewal By Mail Unit, Lansing, MI 48918.** 

## To Purchase by FAX:

If purchasing by fax, you must pay by credit card. Fax the completed application to: 517-322-6822, 24 hours a day/7 days a week.



## **Pure Michigan Collector Plates**

Collector plates are for **display purposes only** — **not for vehicle registration**. Each Pure Michigan collector plate includes the word "SAMPLE" over the plate design. Collector plates cannot be personalized. To order by mail or fax, complete this form, making sure to include your address.

PURE MICHIGAN PLATE ORDER FORM		
Name:		x \$5 Pure Michigan Plate(s) Quantity  x \$10 PM Collector Plate(s) Quantity
Current Plate Number(s) Code  PM PM	Current Plate Number(s) Code  PM PM	\$ Pure Michigan Plate Total  \$ Pure Michigan Collector Plate Total  \$ Total Amount Due
Complete this section if purchasing Collector License Plate(s) ONLY  Street Address City State ZIP		
My payment is by (select one):  Discover  MasterCard  Credit Card Number  My signature below authorizes the Michigan Depar Please SIGN your name x  Please PRINT your name x	rtment of State to charge my account.	SEXPIRATION Date TOTAL FEES DUE

